

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep						
Total Depend						
Total Claims						

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep						
Total Depend						

2 of 5

CLAIMS ONLY						Application Number 09/28660		Filing Date				
						Applicant(s)						
* May be used for additional claims or amendments												
CLAIMS	AS FILED 9.28.07		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101							151					
102							152					
103							153					
104							154					
105							155					
106							156					
107							157					
108							158					
109							159					
110							160					
111							161					
112							162					
113							163					
114							164					
115							165					
116							166					
117							167					
118							168					
119							169					
120							170					
121							171					
122							172					
123							173					
124							174					
125							175					
126							176					
127							177					
128							178					
129							179					
130							180					
131							181					
132							182					
133							183					
134							184					
135							185					
136							186					
137							187					
138							188					
139							189					
140							190					
141							191					
142							192					
143							193					
144							194					
145							195					
146							196					
147							197					
148							198					
149							199					
150							200					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

CLAIMS ONLY

Application Number:

09/218660

Filing Date

Applicant(s)

CLAIMS	AS FILED 9.28.05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
201						
202						
203						
204						
205						
206						
207						
208						
209						
210						
211						
212						
213						
214						
215						
216						
217						
218						
219						
220						
221						
222						
223						
224						
225						
226						
227						
228						
229						
230						
231						
232						
233						
234						
235						
236						
237						
238						
239						
240						
241						
242						
243						
244						
245						
246						
247						
248						
249						
250						
Total						
Indep						
Depend						
Total Claims						

* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
2 51						
2 52						
2 53						
2 54						
2 55						
2 56						
2 57						
2 58						
2 59						
2 60						
2 61						
2 62						
2 63						
2 64						
2 65						
2 66						
2 67						
2 68						
2 69						
2 70						
2 71						
2 72						
2 73						
2 74						
2 75						
2 76						
2 77						
2 78						
2 79						
2 80						
2 81						
2 82						
2 83						
2 84						
2 85						
2 86						
2 87						
2 88						
2 89						
2 90						
2 91						
2 92						
2 93						
2 94						
2 95						
2 96						
2 97						
2 98						
2 99						
3 00						
Total Indep						
Total Depend						
Total Claims						

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
301						
302						
303						
304						
305						
306						
307						
308						
309						
310						
311						
312						
313						
314						
315						
316						
317						
318						
319						
320						
321						
322						
323						
324						
325						
326						
327						
328						
329						
330						
331						
332						
333						
334						
335						
336						
337						
338						
339						
340						
341						
342						
343						
344						
345						
346						
347						
348						
349						
350						
Total Indep						
Total Depend						
Total Claims						

Q-28-05

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
351						
352						
353						
354						
355						
356						
357						
358						
359						
360						
361						
362						
363						
364						
365						
366						
367						
368						
369						
370						
371						
372						
373						
374						
375						
376						
377						
378						
379						
380						
381						
382						
383						
384						
385						
386						
387						
388						
389						
390						
391						
392						
393						
394						
395						
396						
397						
398						
399						

CLAIMS ONLY

Application Number.

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 9-28-05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
401						
402						
403						
404						
405						
406						
407						
408						
409						
410						
411						
412	1					
413						
414						
415						
416						
417						
418						
419						
420						
421						
422						
423						
424						
425						
426						
427						
428						
429						
430						
431						
432						
433						
434						
435						
436						
437						
438						
439						
440						
441						
442						
443						
444						
445						
446						
447						
448						
449						
450						
Total						
Indep	3					
Total	90					
Depend						
Total	73					
Claims						

May be used for additional claims or amendments						
* 			* 		* 	
	Indep	Depend	Indep	Depend	Indep	Depend
451						
452						
453						
454						
455						
456						
457						
458						
459						
460						
461						
462						
463						
464						
465						
466						
467						
468						
469						
470						
471						
472						
473						
474						
475						
476						
477						
478						
479						
480						
481						
482						
483						
484						
485						
486						
487						
488						
489						
490						
491						
492						
493						
494						
495						
496						
497						
498						
499						
500						
Total Indep						
Total Depend						
Total Claims						